

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

f. Persons providing case management services must have skills in:

- (1) Identifying and documenting an individual's need for resources, services, and other supports;
- (2) Using information from assessments, evaluations, observation, and interviews to develop individual service plans;
- (3) Identifying services and resources within the community and established service system to meet the individual's needs; and documenting how resources, services, and natural supports, such as family, can be utilized to achieve an individual's personal habilitative/ rehabilitative and life goals; and
- (4) Coordinating the provision of services by diverse public and private providers.

g. Persons providing case management services must have abilities to:

- (1) Work as team members, maintaining effective inter- and intra-agency working relationships;
- (2) Work independently performing position duties under general supervision; and
- (3) Engage and sustain ongoing relationships with individuals receiving services.

F. Providers may bill Medicaid for mental health case management to youth at risk of serious emotional disturbance only when the services are provided by qualified mental health case managers.

G. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

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CASE MANAGEMENT SERVICES

- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- H. Payment for case management services under the plan must not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.
- I. Case management may not be billed concurrently with intensive community treatment services, treatment foster care case management services, or intensive in-home services for children and adolescents.

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**REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES:
EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)**

3. Nutrition Includes nutritional assessment of dietary habits, and nutritional counseling and counseling follow-up. All pregnant women are expected to receive basic nutrition information from their medical care providers or the WIC Program.
- Must be provided by a Registered Dietitian (R.D.) or a person with a master's degree in nutrition, maternal and child health, or clinical dietetics with experience in public health, maternal and child nutrition, or clinical dietetics.
4. Blood Glucose
 Meters Effective on and after July 1, 1993, blood glucose test products shall be provided when they are determined by the physician to be medically necessary for pregnant women suffering from a condition of diabetes which is likely to negatively affect their pregnancy outcomes. The women authorized to receive a blood glucose meter must also be referred for nutritional counseling. Such products shall be provided by Medicaid enrolled durable medical equipment providers.
5. Residential SA Includes comprehensive, intensive residential treatment for
 Treatment for the pregnant and postpartum woman, to improve pregnancy outcomes
 Pregnant and by eliminating the substance abuse problem. Must be provided
 Postpartum Woman consistent with standards established to assure high quality
 (12 VAC 30-50-510) of care in Attachment 3.1-C.

This service shall provide intensive intervention services in residential facilities, other than inpatient facilities, and shall be provided to pregnant and postpartum women (up to 60 days postpartum) with serious substance abuse disorders, for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug free lifestyle. The woman may keep her infant and other dependent children with her at the treatment center. The daily rate is inclusive of all services which are provided to the pregnant woman in the program. A unit of service shall be one day. The maximum number of units to be covered per

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pregnancy is 300 days, not to exceed 60 days postpartum. These services must be reauthorized every 90 days and after any absence of less than 72 hours which was not first authorized by the program director. The program director must document the reason for granting permission for any absences in the clinical record of the recipient. An unauthorized absence of more than 72 hours shall terminate Medicaid reimbursement for this service. This type of treatment shall provide the following types of services or activities in order to be eligible to receive reimbursement by Medicaid:

- (a) Substance abuse rehabilitation; counseling and treatment must include, but not necessarily be limited to, education about the impact of alcohol and other drugs on the fetus and on the maternal relationship; smoking cessation classes (if needed); relapse prevention to recognize personal and environmental cues which may trigger a return to the use of alcohol; of other drugs; and the integration of urine toxicology screens and other toxicology screens, as appropriate, to monitor intake of illicit drugs and alcohol and provide information for counseling;
- (b) Training about pregnancy and fetal development shall be provided at a level and in a manner comprehensible by the participating women to include, but not be necessarily limited to, the impact of alcohol and other drugs on fetal development; normal physical changes associated with pregnancy as well as training in normal gynecological functions, persona nutrition; delivery expectations, and infant nutrition;
- (c) Initial and ongoing assessments specifically for substance abuse, including, but not limited, to, psychiatric and psychological assessments;
- (d) Symptom and behavior management as appropriate for co-existing mental illness, including medication management and ongoing psychological treatment;
- (e) Personal health care training and assistance. Such training shall include:
 - (1) Educational services and referral services for testing, counseling, and management of HIV, provided as described in 42 U.S.C. §300x-24(b)(6)(A) and (B), including early intervention services as defined in 42 U.S.C. §300x-24(b)(7), and in coordination with the programs identified in 45 C.F.R. §96.128;

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EXPANDED PRENATAL CARE SERVICES (REFERENCE 20.c)**

- (2) Educational services and referral services for testing, counseling, and management of tuberculosis, including tuberculosis services as described in 42 U.S.C. §300x-24(a)(2)(1992), and in coordination with the programs identified in 45 C.F.R. 96.127; and
 - (3) Education services and referral services for testing, counseling, and management of hepatitis.
 - (f) Case coordination with providers of primary medical care, including obstetrical/gynecological services for the recipient;
 - (g) Training in decision-making, anger management and conflict resolution;
 - (h) Extensive discharge planning, in collaboration with the recipient, any appropriate significant others, as well as representatives of appropriate services agencies.
6. Substance abuse Includes comprehensive, intensive, day treatment for the pregnant
 Day Treatment for and postpartum woman, to improve pregnancy outcomes by
 Pregnant and eliminating the substance abuse problem. Must be provided
 Postpartum Women consistent with the standards established to assure high quality of
 care in Attachment 3.1-C.

This service shall provide intensive intervention services at a central location lasting two or more consecutive hours per day, which may be scheduled multiple times per week, to pregnant and postpartum women (up to 60 days postpartum) with serious substance abuse problems for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, and achieving and maintaining a sober and drug free lifestyle. The pregnant woman may keep her infant and other dependent children with her at the treatment center. One unit of service shall equal two but no more than 3.99 hours on a given day. Two units of service shall equal at least four but no more than 6.99; hours on a given day. Three units of service shall equal seven or more hours on a given day. The limit on this service shall be 400 units per pregnancy, not

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to exceed 60 days postpartum. Services must be reauthorized every 90 days and after any absence of 5 consecutive days from scheduled treatment without staff permission. More than two episodes of 5 days absences from scheduled treatment without prior permission from the program director, or one absence exceeding 7 days of scheduled treatment without prior permission from the program director, shall terminate Medicaid funding for this service. The program director must document the reason for granting permission for any absences in the clinical record of the recipient. In order to be eligible to receive Medicaid payment, the following types of services shall be provided:

- (a) Substance abuse rehabilitation, counseling and treatment, including education about the impact of alcohol and other drugs on the fetus and on the maternal relationship, smoking cessation classes (if needed); relapse prevention to recognize personal and environmental cues which may trigger a return to the use of alcohol or other drugs; and the integration of urine toxicology screens and other toxicology screens, as appropriate, to monitor behavior and provide information for counseling;
- (b) Training about pregnancy and fetal development shall be provided at a level and in a manner comprehensible by the participating women to include, but not necessarily be limited to, the impact of alcohol and other drugs on fetal development; normal physical changes associated with pregnancy, as well as training in normal gynecological functions; personal nutrition; delivery expectations; and infant nutrition;
- (c) Initial and ongoing assessments, specifically for substance abuse, including psychiatric and psychological assessments.
- (d) Symptom and behavior management as appropriate for co-existing mental illness, including medication management, and ongoing psychological treatment;
- (e) Personal health care training and assistance. Such training shall include:
 - (1) Educational services and referral services for testing, counseling, and management of HIV, provided as described in 42 U.S.C. § 300x-24(b)(6)(A) and (B), including early intervention services as defined in 42 U.S.C. § 300x-24(b)(7), and in coordination with the programs identified in 45 C.F.R. § 96.128;

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- (2) Educational services and referral services for testing, counseling, and management of tuberculosis, including tuberculosis services as described in 42 U.S.C. § 300x-24(a)(2) (1992), and in coordination with the programs identified in 45 C.F.R. § 96.127; and
- (3) Educational services and referral services for testing, counseling, and management of hepatitis.
- (e) Case coordination with providers of primary medical care, including obstetrics and gynecology services for the recipient;
- (f) Training in decision-making, anger management and conflict resolution;
- (g) Extensive discharge planning, in collaboration with the recipient, any appropriate significant others, as well as representatives of appropriate services agencies.

C. Qualified Providers.

- 1. Any duly enrolled provider which the Department determines to be qualified who has signed an agreement may provide expanded prenatal care services.
- 2. The qualified providers will provide prenatal care services regardless of their capacity to provide any other services under the Plan.
- 3. Providers of substance abuse treatment services must be licensed and approved by the Department of Mental Health, Mental Retardation, and substance Abuse Services (DMHMRSAS). Substance abuse services providers shall be required to meet the standards and criteria established by DMHMRSAS and the following additional requirements:
 - a. The provider shall ensure that recipients have access to emergency services on a 24-hour basis seven days per week, 365 days per year, either directly or via an on-call system.
 - b. Services must be authorized following face-to-face evaluation/diagnostic assessment conducted by one of the following professionals who must not be the same individual providing non-medical clinical supervision:

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- (1) A counselor who has completed master's level training in either psychology, social work, counseling or rehabilitation who is also either certified as a substance abuse counselor by the Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Treatment Professionals, as a certified addictions counselor by the Substance Abuse Certification Alliance of Virginia, or who holds any certification from the National Association of Alcoholism and Drug Abuse Counselors.
 - (2) A professional licensed by the appropriate board of the Virginia Department of Health Professions as either a professional counselor, clinical social worker, registered nurse, clinical psychologist, or physician who demonstrates competencies in all of the following areas of addiction counseling: clinical evaluation; treatment planning; referral; service coordination; counseling; client, family, and community education; documentation; professional and ethical responsibilities; or as a licensed substance abuse professional.
 - (3) A professional certified as either a clinical supervisor by the Substance Abuse Certification Alliance of Virginia or as a master addiction counselor by the National Association of Alcoholism and Drug Abuse Counselors.
- c. A provider of Substance Abuse Treatment services for pregnant and postpartum women must meet the following requirements for day treatment services for pregnant and postpartum women:
- (1) Medical care must be coordinated by a nurse case manager who is a registered nurse licensed by the Board of Nursing and who demonstrates competency in the following areas:
 - (a) Health assessment;
 - (b) Mental health;
 - (c) Substance abuse;
 - (d) Obstetrics and gynecology;
 - (e) Case management;
 - (f) Nutrition;

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(g) Cultural differences; and

(h) Counseling.

(2) The nurse case manager shall be responsible for coordinating the provision of all immediate primary care and shall establish and maintain communication and case coordination between the women in the program and necessary medical services, specifically with each obstetrician providing services to the women. In addition, the nurse case manager shall be responsible for establishing and maintaining communication and consultation linkages to high-risk obstetrical units, including regular conferences concerning the status of the woman and recommendations for current and future medical treatment.

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STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

Psychiatric Services resulting from an EPSDT screening. Repealed. (12 VAC 30-60-60)

E. Services related to the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). (12 VAC 30-60-61)

1. Community mental health services for children.

a. Intensive in-home services for children and adolescents:

- (1) Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from mental, behavioral or emotional illness which results in significant functional impairments in major life activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis:
 - (a) Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community.
 - (b) Exhibit such inappropriate behavior that repeated interventions by the mental health, social services or judicial system are necessary.
 - (c) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
- (2) At admission, an appropriate assessment is made by the LMHP or the QMHP, and approved by the LMHP, that service needs can best be met through intervention provided typically but not solely in the client's residence. An Individual Service Plan (ISP) must be fully completed within 30 days of initiation of services.
- (3) Services must be directed toward the treatment of the eligible child and delivered primarily in the family's residence with the child present. In some circumstances, such as a lack of privacy or unsafe conditions, services may be provided in the community if supported by the needs assessment and ISP.

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